

CALIFORNIA STD TREATMENT GUIDELINES FOR ADULTS AND ADOLESCENTS 2002

These guidelines for the treatment of patients with STDs reflect the 2002 CDC STD Treatment Guidelines and the Region IX Infertility Clinical Guidelines. The focus is primarily on STDs encountered in office practice. These guidelines are intended as a source of clinical guidance; they are not a comprehensive list of all effective regimens. To report STD infections; request assistance with confidential notification of sexual partners of patients with syphilis, gonorrhea, chlamydia or HIV infection; or to obtain additional information on the medical management of STD patients, call the County Health Department. The California STD/HIV Prevention Training Center is an additional resource for training and consultation in the area of STD clinical management and prevention (510-883-6600) or www.stdhivtraining.org.

DISEASE	RECOMMENDED REGIMENS	DOSE/ROUTE	ALTERNATIVE REGIMENS
CHLAMYDIA			
Uncomplicated Infections Adults/Adolescents ¹	<ul style="list-style-type: none"> Azithromycin or Doxycycline² 	1 g po 100 mg po bid x 7 d	<ul style="list-style-type: none"> Erythromycin base 500 mg po qid x 7 d or Erythromycin ethylsuccinate 800 mg po qid x 7 d or Ofloxacin³ 300 mg po bid x 7 d or Levofloxacin² 500 mg po qd x 7 d
Pregnant Women ³	<ul style="list-style-type: none"> Azithromycin or Amoxicillin or Erythromycin base 	1 g po 500 mg po tid x 7 d 500 mg po qid x 7 d	<ul style="list-style-type: none"> Erythromycin base 250 mg po qid x 14 d or Erythromycin ethylsuccinate 800 mg po qid x 7 d or Erythromycin ethylsuccinate 400 mg po qid x 14 d
GONORRHEA⁴			
Uncomplicated Infections Adults/Adolescents	<ul style="list-style-type: none"> Cefixime⁵ or Ceftriaxone plus⁴ A chlamydia recommended regimen listed above 	400 mg po 125 mg IM	<ul style="list-style-type: none"> Spectinomycin^{4,5} 2 g IM or Ciprofloxacin^{2,4,6} 500 mg po or Ofloxacin^{2,4,6} 400 mg po or Levofloxacin^{2,4,6} 250 mg po or Azithromycin⁶ 2 g po
Pregnant Women	<ul style="list-style-type: none"> Ceftriaxone or Cefixime⁵ plus⁴ A chlamydia recommended regimen listed above 	125 mg IM 400 mg po	<ul style="list-style-type: none"> Spectinomycin^{4,5} 2 g IM
PELVIC INFLAMMATORY DISEASE⁷	Parenteral ⁸		Parenteral ⁸
	<ul style="list-style-type: none"> Either Cefotetan or Cefoxitin plus Doxycycline² or Clindamycin plus Gentamicin 	2 g IV q 12 hrs 2 g IV q 6 hrs 100 mg po or IV q 12 hrs 900 mg IV q 8 hrs 2 mg/kg IV or IM followed by 1.5 mg/kg IV or IM q 8 hrs	<ul style="list-style-type: none"> Either Ofloxacin^{2,9} 400 mg IV q 12 hrs or Levofloxacin^{2,9} 500 mg IV qd plus Metronidazole 500 mg IV q 8 hrs or Ampicillin/Sulbactam 3 g IV q 6 hrs plus Doxycycline² 100 mg po or IV q 12 hrs
MUCOPURULENT CERVICITIS⁷	Oral/IM		Oral
	<ul style="list-style-type: none"> Either Ceftriaxone or Cefoxitin with Probenecid plus Doxycycline² 	250 mg IM 2 g IM 1 g po 100 mg po bid x 14 d	<ul style="list-style-type: none"> Either Ofloxacin^{2,9} 400 mg po bid x 14 d or Levofloxacin^{2,9} 500 mg po QD x 14 d plus Metronidazole 500 mg po bid x 14 d
NONGONOCOCCAL URETHRITIS⁷	<ul style="list-style-type: none"> Azithromycin or Doxycycline² 	1 g po 100 mg po bid x 7 d	<ul style="list-style-type: none"> Erythromycin base 500 mg po qid x 7 d or Erythromycin ethylsuccinate 800 mg po qid x 7 d or Ofloxacin^{2,9} 300 mg po bid x 7 d or Levofloxacin^{2,9} 500 mg po qd x 7 days
EPIDIDYMITIS⁷	<p>Likely due to Gonorrhea or Chlamydia</p> <ul style="list-style-type: none"> Ceftriaxone plus Doxycycline <p>Likely due to enteric organisms</p> <ul style="list-style-type: none"> Ofloxacin⁹ or Levofloxacin⁹ 	250 mg IM 100 mg po bid x 10 d 300 mg po bid x 10 d 500 mg po qd x 10 d	
TRICHOMONIASIS¹⁰	<ul style="list-style-type: none"> Metronidazole 	2 g po	<ul style="list-style-type: none"> Metronidazole 500 mg po bid x 7 d
BACTERIAL VAGINOSIS			
Adults/Adolescents	<ul style="list-style-type: none"> Metronidazole or Clindamycin cream¹¹ or Metronidazole gel 	500 mg po bid x 7 d 2%, one full applicator (5g) intravaginally qhs x 7 d 0.75%, one full applicator (5g) intravaginally qd x 5 d	<ul style="list-style-type: none"> Metronidazole 2 g po or Clindamycin 300 mg po bid x 7 d or Clindamycin ovules 100 g intravaginally qhs x 3 d
Pregnant Women	<ul style="list-style-type: none"> Metronidazole or Clindamycin 	250 mg po tid x 7 d 300 mg po bid x 7 d	
CHANCROID	<ul style="list-style-type: none"> Azithromycin or Ceftriaxone or Ciprofloxacin² 	1 g po 250 mg IM 500 mg po bid x 3 d	<ul style="list-style-type: none"> Erythromycin base 500 mg po tid x 7 d
LYMPHOGRANULOMA VENEREUM	<ul style="list-style-type: none"> Doxycycline² 	100 mg po bid x 21 d	<ul style="list-style-type: none"> Erythromycin base 500 mg po qid x 21 d or Azithromycin 1 g po qd x 21 d

¹ Annual screening for women age 25 years or younger. Nucleic Acid Amplification Tests (NAATS) are recommended. Women with chlamydia should be rescreened 3-4 months after treatment.

² Contraindicated for pregnant and nursing women.

³ Test-of-cure follow-up is recommended because the regimens are not highly efficacious (Amoxicillin and Erythromycin) or the data on safety and efficacy are limited (Azithromycin).

⁴ Co-treatment for chlamydia infection is indicated unless chlamydia infection has been ruled out using sensitive technology or if 2g Azithromycin dose is used.

⁵ Not recommended for pharyngeal gonococcal infection.

⁶ Test-of-cure follow-up is recommended to ensure patient does not have an untreated infection from a resistant gonorrhea strain.

⁷ Testing for gonorrhea and chlamydia is recommended because a specific diagnosis may improve compliance and partner management and these infections are reportable by CA State Law.

⁸ Discontinue 24 hours after patient improves clinically and continue with oral therapy for a total of 14 days.

⁹ If gonorrhea is documented, test-of-cure follow-up is recommended to ensure patient does not have untreated resistant gonorrhea infection.

¹⁰ If reinfection is ruled out and persistence of trichomonas is documented, evaluate for metronidazole-resistant *T. vaginalis*. Referral to CDC at 770-488-4115.

¹¹ Might weaken latex condoms and diaphragms because oil-based.



DISEASE	RECOMMENDED REGIMENS	DOSE/ROUTE	ALTERNATIVE REGIMENS
HUMAN PAPILLOMAVIRUS			
External Genital/ Perianal Warts	Patient Applied <ul style="list-style-type: none"> Podofilox¹² 0.5% solution or gel or Imiquimod¹³ 5% cream Provider Administered <ul style="list-style-type: none"> Cryotherapy or Podophyllin¹² resin 10%-25% in tincture of benzoin or Trichloroacetic acid (TCA) or Bichloroacetic acid (BCA) 80%- 90% or Surgical removal 		Alternative Regimen <ul style="list-style-type: none"> Intralesional interferon or Laser surgery
Mucosal Genital Warts	<ul style="list-style-type: none"> Cryotherapy or TCA or BCA 80%-90% or Podophyllin¹² resin 10%-25% in tincture of benzoin or Surgical removal 	Vaginal, urethral meatus, and anal Vaginal and anal Urethral meatus only Anal warts only	
HERPES SIMPLEX VIRUS¹⁴			
First Clinical Episode of Herpes	<ul style="list-style-type: none"> Acyclovir or Acyclovir or Famciclovir or Valacyclovir 	400 mg po tid x 7-10 d 200 mg po 5/day x 7-10 d 250 mg po tid x 7-10 d 1 g po bid x 7-10 d	
Episodic Therapy for Recurrent Episodes	<ul style="list-style-type: none"> Acyclovir or Acyclovir or Acyclovir or Famciclovir or Valacyclovir or Valacyclovir 	400 mg po tid x 5 d 200 mg po 5/day x 5 d 800 mg po bid x 5 d 125 mg po bid x 5 d 500 mg po bid x 3-5 d 1 g po qd x 5 d	
Suppressive Therapy	<ul style="list-style-type: none"> Acyclovir or Famciclovir or Valacyclovir or Valacyclovir 	400 mg po bid 250 mg po bid 500 mg po qd 1 g po qd	
HIV Infection¹⁵			
Episodic Therapy for Recurrent Episodes	<ul style="list-style-type: none"> Acyclovir or Acyclovir or Famciclovir or Valacyclovir 	400 mg po tid x 5-10 d 200 mg po 5/day x 5-10 d 500 mg po bid x 5-10 d 1 g po bid x 5-10 d	
Suppressive Therapy	<ul style="list-style-type: none"> Acyclovir or Famciclovir or Valacyclovir 	400-800 mg po bid-tid 500 mg po bid 500 mg po bid	
SYPHILIS			
Primary, Secondary, and Early Latent	<ul style="list-style-type: none"> Benzathine penicillin G 	2.4 million units IM	<ul style="list-style-type: none"> Doxycycline^{2, 16} 100 mg po bid x 2 weeks or Tetracycline^{2, 16} 500 mg po qid x 2 weeks or Ceftriaxone¹⁶ 1 g IM or IV qd x 8-10 d or Azithromycin¹⁶ 2 g po
Late Latent and Unknown duration	<ul style="list-style-type: none"> Benzathine penicillin G 	7.2 million units, administered as 3 doses of 2.4 million units IM, at 1-week intervals	<ul style="list-style-type: none"> Doxycycline² 100 mg po bid x 4 weeks or Tetracycline² 500 mg po qid x 4 weeks
Neurosypilis ¹⁷	<ul style="list-style-type: none"> Aqueous crystalline penicillin G 	18-24 million units daily, administered as 3-4 million units IV q 4 hrs x 10-14 d	<ul style="list-style-type: none"> Procaine penicillin G, 2.4 million units IM qd x 10-14 d plus Probenecid 500 mg po qid x 10-14 d or Ceftriaxone¹⁶ 2 g IM or IV qd x 10-14 d
Pregnant Women¹⁸			
Primary, Secondary, and Early Latent	<ul style="list-style-type: none"> Benzathine penicillin G 	2.4 million units IM	<ul style="list-style-type: none"> None
Late Latent and Unknown duration	<ul style="list-style-type: none"> Benzathine penicillin G 	7.2 million units, administered as 3 doses of 2.4 million units IM, at 1-week intervals	<ul style="list-style-type: none"> None
Neurosypilis ¹⁷	<ul style="list-style-type: none"> Aqueous crystalline penicillin G 	18-24 million units daily, administered as 3-4 million units IV q 4 hrs x 10-14 d	<ul style="list-style-type: none"> Procaine penicillin G, 2.4 million units IM q d x 10-14 d plus Probenecid 500 mg po qid x 10-14 d
HIV Infection			
Primary, Secondary and Early Latent	<ul style="list-style-type: none"> Benzathine penicillin G 	2.4 million units IM	<ul style="list-style-type: none"> Doxycycline^{2, 16} 100 mg po bid x 2 weeks or Tetracycline^{2, 16} 500 mg po qid x 2 weeks
Late Latent, and Unknown duration ¹⁸ with normal CSF Exam	<ul style="list-style-type: none"> Benzathine penicillin G 	7.2 million units, administered as 3 doses of 2.4 million units IM, at 1-week intervals	<ul style="list-style-type: none"> None
Neurosypilis ¹⁷	<ul style="list-style-type: none"> Aqueous crystalline penicillin G 	18-24 million units daily, administered as 3-4 million units IV q 4 hrs x 10-14 d	<ul style="list-style-type: none"> Procaine penicillin G, 2.4 million units IM q d x 10-14 d plus Probenecid 500 mg po qid x 10-14 d

12 Contraindicated during pregnancy.

13 Safety in pregnancy has not been well established.

14 Counseling about natural history, asymptomatic shedding, and sexual transmission is an essential component of herpes management.

15 If lesions persist or recur while receiving antiviral treatment, HSV resistance should be suspected and a viral isolate should be obtained for sensitivity testing.

16 Because efficacy of these therapies has not been established and compliance of some of these regimens difficult, close follow-up is essential. If compliance or follow-up cannot be ensured, then patient should be desensitized and treated with benzathine penicillin.

17 One dose of 2.4 million units of Benzathine penicillin G recommended at completion of neurosyphilis therapy.

18 Patients allergic to penicillin should be treated with penicillin after desensitization.

